



Underwriting Service Management Co

3800 Ashland Drive
Harleysville, PA 19438
(215)647-9600

Contractor Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:	
IS THE APPLICANT OR ANY PROPOSED NAMED INSURED A:	
<input type="checkbox"/> Consultant <input type="checkbox"/> Developer <input type="checkbox"/> Owner/Builder <input type="checkbox"/> Subcontractor/Artisan <input type="checkbox"/> Const. Manager <input type="checkbox"/> General Contractor <input type="checkbox"/> Other: _____	
STATES/AREA OF OPERATIONS:	LICENSE # & EXPIRATION:
RADIUS OF OPERATIONS FROM MAIN LOCATION:	DOES INSURED HOLD ANY OTHER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:

DETAILS OF OPERATIONS

1. Indicate the % of work on a typical project performed by the following:

Casual Labor	_____ %	Subcontractors	_____ %
Volunteer Workers	_____ %	Uninsured Subcontractors	_____ %
Leased Employees	_____ %	Other: _____	_____ %

2. Indicate the % of work on a typical project:

Residential Work	_____ %	+ Commercial Work	_____ %	= 100%
New Construction	_____ %	+ Renovation/Remodeling Work	_____ %	= 100%

3. For New Residential work, indicate the % of work on a typical project:

Custom Homes	_____ %	+ Tract Homes	_____ %	= 100%
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Tract Homes are defined as more than 20 starts in any one year

4. If this is a **NEW** operation, has any work been started or completed prior to insurance being put in place?

Yes No

5. If this is an **ONGOING** operation, has the applicant been uninsured for more than **45** days prior to the expected date insurance will start?

Yes No

6. Are there any other operations owned, operated, or managed by you?

Yes No

If **Yes**, please explain: _____

RATING EXPOSURE BASIS

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted work					

7. List all active owners, partners, officers and their job duties/ responsibilities:

INDIVIDUAL	DUTIES/RESPONSIBILITIES

a. Are any of the above qualified by education or are any licensed as an architect, engineer, surveyor or real estate agent/broker?

Yes No

If **Yes**, explain: _____

b. If **Yes**, has professional liability coverage been obtained covering that exposure?

Yes No

8. Does the applicant have a permanent yard for the storage or maintenance of equipment and material?

Yes No

If **Yes**, please provide annual payroll for employees who work solely in the yard: \$ _____

9. List all employed supervisors- who supervise through foremen- and their actual payroll:

INDIVIDUAL	DUTIES/RESPONSIBILITIES	PAYROLL
		Ⓔ\$
		Ⓔ\$
		Ⓔ\$

SUBCONTRACTORS EXPOSURES

If you NEVER hire subcontractors please check here and skip to the next section- Other exposures.

10. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:
General Liability Insurance

If **Yes**, what limits of liability? \$ _____ / _____ / _____ Yes No
Occurrence Aggregate Products

11. Do you normally use the same subcontractors? Yes No

12. Do you require that all subcontractors add you (named insured) as Additional Insured on a primary & noncontributory basis? Yes No

13. Do you have use a contract for all subcontractors that has a hold harmless agreement in your favor? Yes No

TYPE OF WORK PERFORMED

14. Please indicate any work or operations involving the following, even if subbed out: (Check all that apply)

- Bldg- Raising or Moving
- Burning of debris
- Cantilevered Construction
- Chimneys
- Cofferdam or Caisson Work
- Crane Operation
- Coal/Wood/Oil burning stoves
- Condominium Conversion
- Dams/Reservoirs
- EIFS or related work
- Other: _____
- Fiber optic cable work
- Glass or Glazing Work
- Highway Overpasses/Bridges
- High pressure cleaning
- Inspection or Appraisal work
- Metal Fabrication/Erection - Structural
- Metal Fabrication/Erection - Ornamental
- Mold/Fungus remediation work
- Pile Driving
- Pollution Abatement
- Power Generating Facilities
- Railway
- Repairs of water damage
- Retaining Walls
- Shorting/Underpinning
- Slab or Monolithic Floors
- Stadium Construction
- Snow plowing
- Sub Aqueous
- Subways/Tunnels
- Waxing floors

If Other, please describe work in detail: _____

15. Do you anticipate getting into any of the above type work? Yes No

If **Yes**, provide details: _____

OTHER EXPOSURES

16. Does the applicant contact utility companies to have lines marked prior to digging? Yes No

17. Do you perform directional boring? Yes No

If **Yes**, do you bore under any streets, roads, buildings or other structures? Yes No

18. Movement of or work on load bearing walls? Yes No

If **Yes**, does an architect or engineer sign off on the plans? Yes No

Percentage of jobs that involve load bearing wall work: _____

LOSS CONTROL

19. Does the applicant have a certified drug free workplace? Yes No

20. Does the applicant adhere to all OSHA standards to promote a safe workplace? Yes No

21. Has the applicant ever been cited for safety violations? Yes No

22. Is the public kept a safe distance from insured's operations and work areas? Yes No

Indicate type of security used on a project: (Check all that apply)

- Fencing
- Lighting
- Watchmen
- Cones
- Signs
- Area Roped off
- Other: _____

23. Are all trenches, ditches, excavations, holes in the ground and holes made in the surface always properly and clearly identified and protected against others falling into them? Yes No

24. Are all jobs inspected by management at completion, before leaving the job site? Yes No

GENERAL INFORMATION

25. Do you have model homes? Yes No
 If **Yes**, how many? _____
26. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? Yes No
 If **Yes**, please explain: _____
 a. Percent of Grade _____ % Yes No
 b. Prior Soils Testing (geological, topical) Yes No
 If **Yes**, please explain: _____
 c. Any subsidence losses? Yes No
 If **Yes**, please explain: _____
27. Do you use Green Building technologies? Yes No
 If Yes, are you certified by the USBGBC as lead accredited professionals for Green Building technology? Yes No
 If **Yes**, are your subs that are involved in Green Building certified by the USBGBC as well? Yes No
28. Do you offer warranties? If **Yes**, attach copies of warranty Yes No
29. Have you ever had a claim or loss involving faulty workmanship, whether or not any amount was paid? Yes No
 If **Yes**, please provide complete written narrative: _____
30. Are there any claims or legal actions pending against any of the entities named in the application? Yes No
31. Have you been accused of breaching a contract in the past five years? Yes No
32. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____
33. Does insured use help from friends or relatives on occasion? Yes No
34. Please describe any types of projects that you have discontinued (i.e. no longer build, etc.): _____

35. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____